

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42629

10867

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY 2199			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO		c. LENGTH OF STAY (In this place) est 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4117 Delmar Blvd				19 STREET ADDRESS (If rural, give location) 4117 Delmar Blvd			
3. NAME OF DECEASED (Type or Print) a. (First) Forrest b. (Middle) c. (Last) Morrow		4. DATE OF DEATH (Month) (Day) (Year) 12-15-1950					
5. SEX Male		6. COLOR OR RACE 2. Coal		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3		8. DATE OF BIRTH Not known est 50	
9. AGE (In years last birthday) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Loconia Tenn 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Williams Morrow		13b. MOTHER'S MAIDEN NAME Sarah Morrow		14. NAME OF HUSBAND OR WIFE Not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Ballard		ADDRESS 4117 Delmar	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) Cardio Renal Vascular Disease  DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/X			
22. I hereby certify that I attended the deceased from 3, 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 11:00 Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Tatuck E Taylor Coronar				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-20-50		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery		24d. LOCATION (City, town, or county) (State) St Louis MO	
DATE REC'D BY LOCAL DEC 20 1950		REGISTRAR'S SIGNATURE J. B. Farrer		25. FUNERAL DIRECTOR'S SIGNATURE A. B. Deal		ADDRESS 2726 Linn	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur L. Hilliard*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.